



Office of General Counsel 600 Highland Avenue Madison, WI 53792-8360 608-261-0025 608-263-9830 (Fax)

FACSIMILE TRANSMITTAL COVER SHEET

UW HC ADMIN

DATE: $12/1$	<u>4/04</u>	TIME:	
то:	Mr. Steve J. Ju	nior, Sr. Insurance	Examiner
Fax Number:	608-266-9935		
Phone Number:			- Arabing
FROM:	James Roberts / Jan	ne Barnett / <u>Diane I</u>	Reed
Phone Number:	261-0025		-0.44
Fax Number:	608-263-9830		M
Number of Pages inc	cluding the cover she	eet in this transmissi	on:2
If all pages are not rethe FAX at the above		· •	person sending
Comments/Instruction	ons:		27
UHC - Waiver of Notice			16 DEC. 2004
			04-629300

The information contained in this facsimile message is intended only for the personal and confidential use of the designated recipients named above. This message may contain confidential patient/physician information or attorney/client communication, and as such is privileged and confidential.

If the reader of this message is not the intended recipient or any agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution, or copying of the message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us by mall.

Thank you.

OFFICE OF THE COMMISSIONER OF INSURANCE (OCI)

6082639830

STATE OF WISCONSIN

In the Matter of the Acquisition of Control of Unity Health Plans Insurance Corporation by University Health Care, Inc.

WAIVER

Case No. 04-C29300

WAIVER OF NOTICE

University Health Care, Inc. hereby waives the right to a minimum ten-day notice of hearing and consents to the proceeding scheduled on Thursday, December 16th, 2004.

Dated this 14th day of December, 2004.

University Health Care, Inc.

By its duly authorized legal representative:

Jane Barnett CEO

Attest:

X:\clientb\092611\0001\A1008882.1